



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

#16 DECEMBER 13, 2011

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

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Chief Deputy Director

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

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through collaboration with  
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December 13, 2011

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF AMENDMENTS TO HOSPITAL PREPAREDNESS  
PROGRAM  
AGREEMENTS  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to amend existing Hospital Preparedness Program agreements to allow for the disbursement of funding from other preparedness grants for projects that support the Hospital Preparedness Program's goals and capabilities.

**IT IS RECOMMENDED THAT YOUR BOARD:**

Authorize the Director of Health Services (Director), or his designee, to execute amendments to agreements with participants in the Hospital Preparedness Program (HPP), effective January 1, 2012, to disburse funds from funding sources other than HPP grants for projects that support the HPP objectives and capabilities, at no net County cost.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The Department of Health Services' Emergency Medical Services (EMS) Agency is a direct recipient of the HPP grant from the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), which provides funds to build medical surgical capacity through associated planning, personnel, equipment, training, and exercise capabilities. The preparedness of the healthcare community requires funding beyond what is provided through the HPP. Currently, 83 acute care hospitals and the Community Clinic Association of Los Angeles County are participants in the HPP and have on-going agreements with the County.

Approval of the recommended action will authorize the Director, or his designee, to offer and execute amendments to existing agreements, substantially similar to Exhibit I, to disburse funds that DHS receives for specific projects, services, or equipment, such as the Public Health Emergency Preparedness, Urban Area Security Initiative (UASI) and State Homeland Security (SHS) Grant Programs. The proposed amendments contain provisions to expedite the distribution of any additional funds received to enhance the HPP participants' disaster preparedness.

This provision will be included in the Federal Fiscal Year (FFY) 2012 agreement amendments.

### **Implementation of Strategic Plan Goals**

The recommended action supports Goal 4, Health and Mental Health, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The proposed agreement amendments do not obligate any funding for additional projects; however, it will allow DHS to expedite the disbursement of funds from other preparedness grants, should they become available, to the HPP participants.

As a member of the local Homeland Security Grant Program (HSGP) Working Group and Approval Authority, DHS has received funding approval for hospitals to purchase specified equipment and receive reimbursement through the Program. The acceptance of the HSGP funding and approval of the funded projects has been granted by your Board in separate Board letters dated February 8, 2011 and September 13, 2011.

In the FFY 2010 UASI and SHS Grant Programs, DHS obtained project approval in the total amount of \$1,079,000, \$639,000 from the UASI grant award and \$440,000 an allocation of the \$1,802,000 SHS Grant Programs grant award, which requires participating hospitals to purchase specified equipment to enhance surge capacity and subsequently receive reimbursement for these purchases from the County.

Funding is included in the DHS FY 2011-12 Final Budget and there is no net County cost.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

On December 18, 2007, your Board approved and accepted Los Angeles County's apportionment of grant funds for the HPP. Your Board also delegated authority to the DHS Director, or his designee, to accept future HPP grant awards, through August 2013, and to continue to negotiate and execute

agreements and amendments with health care providers, on a year-to-year basis, to implement specific activities required by the HPP, to build medical surge capacity and accomplish the grant objectives.

The HPP participants have, on a year-to-year basis, agreed to amendments to the HPP County agreement, effective January 1 through December 31 of each year, which focus on readying hospitals and supporting health care systems to deliver coordinated and effective care to victims of disasters.

County Counsel has reviewed and approved Exhibit I as to form.

**CONTRACTING PROCESS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of these actions will allow for the expansion and augmentation of disaster preparedness activities in Los Angeles County.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

Director

MHK:eh

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Department of Public Health

EXHIBIT I

Contract No.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FUNDS  
HOSPITAL PREPAREDNESS PROGRAM

EXPANDED AGREEMENT

AMENDMENT NO.

THIS AMENDMENT is made and entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2012,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

\_\_\_\_\_  
(hereafter "Hospital").

WHEREAS, reference is made to that certain document  
entitled "HOSPITAL BIOTERRORISM PREPAREDNESS EXPANDED  
AGREEMENT", dated January 21, 2003, and further identified as  
County Agreement No. \_\_\_\_\_, and any Amendments hereto (all  
hereafter referred to as "Agreement"); and

WHEREAS, Section 2802(b) of the Public Health Services Act,  
as amended by the Pandemic and All-Hazards Preparedness Act  
authorizes the Secretary of Health and Human Services to  
continue to award cooperative agreements to enable the recipient  
entities to continue to improve surge capacity and enhance  
community and hospital preparedness; and

WHEREAS, the funding of this program is from the federal government through the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response, Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA) Number 93.889 awarding Los Angeles County \$11,069,920 in Federal Fiscal Year 2011; and

WHEREAS, it is the intent of the parties to extend the Agreement term so that the parties may continue to support hospital preparedness in the County by building medical surge capability through associated planning, personnel, equipment, training and exercise capabilities and to make changes described hereinafter; and

WHEREAS, Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective on January 1, 2012.

2. Paragraph 4 A, TERM AND TERMINATION, shall be deleted in its entirety and replaced with the following:

"A. This Agreement shall commence effective January 1, 2012, and shall remain in full force and effect until December 31, 2012."

3. Exhibit A, STATEMENT OF WORK A-\_, of Agreement shall be deleted in its entirety and replaced with Exhibit A, STATEMENT OF WORK A-\_, attached hereto and incorporated herein by reference.

4. Except for the changes set forth hereinabove, the wording of Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services or his designee, and Hospital has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Mitchell H. Katz, MD  
Director

\_\_\_\_\_  
Hospital

By \_\_\_\_\_  
Signature

By \_\_\_\_\_  
(Type Name)

Title \_\_\_\_\_  
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM:

ANDREA SHERIDAN ORDIN  
County Counsel

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FUNDS  
HOSPITAL PREPAREDNESS PROGRAM

EXPANDED AMENDMENT

**STATEMENT OF WORK A-**

I. HOSPITAL RECEIVABLES:

Hospital shall receive from the County:

A. Funding of a minimum of Six Hundred and Fifteen Dollars (\$615) to off-set the cost of ongoing staff training and staff time in planning and participating in disaster exercises/drills;

B. Funding of a minimum of Forty Two Thousand, Nine Hundred Dollars (\$42,900) to off-set the cost of a designated disaster planner (at least fifty (50) percent dedicated to disaster activities). [This funding is not available to Disaster Resource Centers and Trauma Centers];

C. Funding of a minimum of One Thousand Dollars (\$1,000) to off-set the ongoing cost of maintaining a CHEMPACK cache (CHEMPACK locations only);

D. Funding of a minimum of Four Thousand Seven Hundred and Seventy Three Dollars (\$4,773) to pay the ongoing subscription fee for the identified Disaster Management System (CommandAware); and,



E. Ongoing *Mass Casualty Decontamination for Hospitals* training for the decontamination team to prepare the team to handle ambulatory converging patients requiring decontamination and consultation regarding decontamination team composition.

F. Additional funding from other preparedness grants, should it be available, for specific purchases of equipment and/or supplies that support the preparedness activities of hospitals. This funding will be available on a reimbursement basis and the amount of funding will be specified prior to commencement of the purchase(s).

## II. HOSPITAL DELIVERABLES:

Hospital shall:

A. Continue to store, secure and maintain decontamination and infection control Personal Protective Equipment (PPE), and replace as needed to ensure a constant state of readiness;

B. Maintain a decontamination team that provides coverage twenty-four (24) hours a day, three hundred sixty-five (365) days a year, designate a team Safety Officer, implement a respiratory protections program for the decontamination team that meets Occupational Safety and Health Administration (OSHA) requirements and conduct

practice/refresher training on at least a quarterly basis involving decontamination team members and conduct at least one (1) decontamination drill/exercise annually that will prepare the team to handle ambulatory converging patients requiring decontamination;

C. Maintain a designated disaster planner position to assist with the overall disaster preparedness activities of the facility including planning, which addresses general disaster preparedness, National Incident Management System (NIMS) compliance, fatality management and medical evacuation, implementing plans through real events or exercises and ensuring After Action Reports (as referenced in Guidance issued by HHS) are completed and submitted to the Emergency Medical Services (EMS) Agency, and coordinating hospital preparedness activities with assigned Disaster Resource Center (DRC), umbrella hospitals and the EMS Agency. The disaster planner must be at least fifty (50) percent dedicated (20 hours/week) to disaster preparedness activities.

D. Actively support healthcare partnerships through the participation in the regional DRC umbrella meetings evidenced by attending one hundred (100) percent of these

meetings and collaborating on response plans which unify the management capability of the response to disasters;

E. Ensure all elements of the *National Incident Management System (NIMS) Implementation for Healthcare Organizations* continue to be reviewed and plans updated ensuring compliance with NIMS requirements;

F. Continue to subscribe to the identified Disaster Management System (CommandAware), continue the training of the Hospital Command Center staff and ensure that CommandAware is utilized whenever the Hospital Command Center is activated including real events and/or exercises. Hospital must log-on to CommandAware during real events and/or exercises and update their facility's available resources as determined by the CommandAware user group;

G. Participate in exercises and drills in conjunction with County and community partners to ensure hospital preparedness and maintain records of staff participation. Participate in the annual Medical and Health Exercise, if conducted during the term of this Agreement. Ensure After Action Reports (as referenced in Guidance issued by HHS) and corrective action plans are completed for all exercises and submitted to the EMS Agency, within sixty (60) days of the exercise date;

H. Provide training to hospital staff in the areas of disaster preparedness and ensure new staff assigned to the hospital's Command Center in the roles of Command staff and Section Chiefs, under the Hospital Incident Command System, complete the on-line *IS 700: National Incident Management Systems, An Introduction*, *IS 100: Introduction to the Incident Command System (ICS)* and *IS 200: ICS for Single Resources and Initial Action Incidents*. The *IS 800: National Response Plan (NRP), an Introduction*, course should be completed by individual(s) responsible for the hospital's emergency management program. All on-line courses can be found at

<http://www.training.fema.gov/emiweb/is/crslist.asp>;

I. Participate in the hospital volume based surveillance program through the ReddiNet system (9-1-1 Receiving facilities only);

J. Participate in all of the hospital bed tracking activities including reporting available bed capability through the ReddiNet, within sixty (60) minutes when requested by the County;

K. Participate in responding to Multi Casualty Incidents (MCI) including responding in a timely manner to polls sent out via ReddiNet, by the Medical Alert Center,

to include indicating the number of types of patients your facility can receive. Additionally, if any patients from the MCI are transported to your facility, ensure that they are listed on the victim list and all required data fields are completed;

L. If hospital is a CHEMPACK location, secure cache in a climate controlled environment and ensure all CHEMPACK location requirements are met, CHEMPACK Cache Location Requirements (Attachment I) herein below;

M. Review and update, as needed, medical evacuation/shelter plans that were approved by Senior Management that address: personnel training in evacuation procedures, transportation means, equipment, supplies and alternative facilities, and the operational structure and standard operating procedures for moving patients as appropriate;

N. Review and update, as needed, mass fatality plans that were approved by Senior Management ensuring that they address: current information on trained and available staff, equipment, supplies, facilities and other material resources, and operational structure and standard operation procedures for disposition of the deceased;

O. Complete all surveys, as requested by the County, by the established due date providing the data elements required by the Hospital Preparedness Program (HPP);

P. Submit requested contract monitoring documents to the EMS Agency within sixty (60) days of the request; and,

Q. Continue to collaborate with County related to Pandemic Influenza planning and incorporate this planning into the hospitals overall emergency management plan.

### III. Mutual Assistance

During disasters private hospitals and other healthcare organizations will be called upon to provide essential community services to assist the County in addressing the medical needs of the community. This mutual assistance may include expanding services at their own facility, as well as, the sharing of resources during disasters, to meet the communities need. Hospitals participating in the HPP shall provide assistance to other healthcare entities as possible, without compromising their own facility's responsibilities. Medical Mutual Assistance shall be requested and coordinated by the EMS Agency, the Medical and Health Operational Area Coordinator for the County. When a state of emergency is proclaimed by the Governor, an eligible Private Nonprofit organization that provides essential community services may receive state

assistance for eligible activities that result in extraordinary costs.

#### IV. Additional Funding

Participating Hospitals may receive additional funding, not to exceed the amount budgeted under the term of this agreement, to be used for special projects which meet Capability requirements under the applicable HPP application and federal program guidance. The amount of funding each eligible Hospital receives will be determined based on the amount budgeted for the project and the number of eligible Hospitals participating in the special project. County shall issue to Hospital, work orders, from time to time, as necessary and shall specify all Hospital receivables (including amount of additional funding) and deliverables. Additionally, funding from other federal grants such as the Public Health Emergency Preparedness Program and the Homeland Security Grant Program may be provided to participating hospitals for projects, which meet Capability requirements of the HPP.

**CHEMPACK CACHE LOCATION REQUIREMENTS**

I. REQUIREMENTS FOR CACHE LOCATIONS:

Cache locations must be of a suitable size, designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space and security conditions for storage of pharmaceuticals.

Specifically cache locations must meet the following:

A. Accessibility: The location must be accessible to twenty (20) feet or larger trucks and emergency response vehicles. Each location should have a method for unloading the containers: loading docks, ramps, or forklifts are appropriate. The containers are on wheels; however they are very heavy and can weigh over one thousand (1,000) pounds. A freight elevator may be necessary if the cache location is upstairs.

B. Space: Each cache location must have a minimum of forty (40) square feet per container.

C. Mobility: Cache locations must have seventy-two (72)-inch aisles and thirty-six (36)-inch doorways for the movement of CHEMPACK containers. Any carpets and other floor coverings must not impede movement of the CHEMPACK containers.



D. Temperature/Environmental Requirement: Room temperature must be continuously maintained between 59° and 86° degrees in Fahrenheit. CHEMPACK staff recommends a thermostat lock or other system to prevent tampering. The room must be designed to prevent the entry of rodents and/or vermin into the storage area. Humidity must be maintained below sixty (60) percent to prevent visible mold growth. Storage locations should be away from employee break area where eating, drinking and smoking may create unsanitary conditions.

E. Electrical Power: A standard 120VAC, 60Hz, 10W, UL-listed power supply is required for each Sensaphone®. Each cache location must have automatic, twelve (12) hour minimum back up or emergency electrical power for the Sensaphone®. The Sensaphone itself is equipped with twelve (12) hour battery back-up. An uninterrupted power source (UPS) is minimally acceptable as a back-up power source. Potential cache locations equipped with back-up generators capable of maintaining temperature in the event of a power outage are preferred.

F. Analog Phone Line: Cache locations must have one (1) analog phone line for each Sensaphone®. Analog phone lines are the type used for fax machines.

G. Fire Suppression: Each cache location must have a fire suppression system. Automatic sprinklers are recommended but not required.

H. Monitoring: Cache locations must be physically checked monthly for continued compliance with all the above requirements. Bioterrorism (BT) Project Areas must complete a monthly Quality Assurance Assessment Form (Attachment II-A), and email or fax the form to CHEMPACK Project personnel.

I. Environmental Response: Personnel must be available to respond to emergency environmental alarms or conditions within one (1) hour from notification. BT Project Areas must provide CHEMPACK staff with current contact information for all cache locations prior to installation of the containers. The CHEMPACK Project personnel must be notified within seven (7) days of any changes in contact personnel.

## II. SECURITY:

Security is a critical issue; pilferage and unauthorized access to pharmaceuticals is illegal and must be prevented as they may substantially increase cost of the CHEMPACK program and potentially negate its utility, (Diazepam, a schedule IV controlled substance, particularly presents a security concern).

BT Project Areas are responsible for the custody of these controlled substances and must maintain security for CHEMPACK locations. The building, or at least the CHEMPACK storage room, must have controlled access.

Additionally cache locations must have the following:

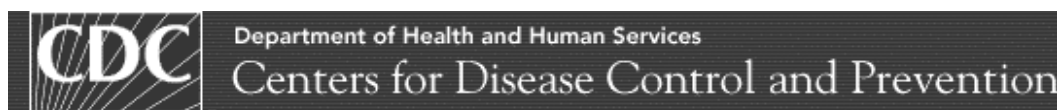
A. Alarms and Monitoring: Cache locations not physically having continuous monitoring (24 hours a day, 7 days a week) must have a security system. Motion detectors, contact sensors or other types of security systems may be used, but the system must be monitored at all times (24 hours a day, 7 days a week) and have notification abilities to contact designated responders should someone attempt to break into a cache location.

B. Security Response: Cache locations must have staff members designated to respond to any security alarm. The Strategic National Stockpile (SNS) Program must have current security contact information for all cache locations.

C. SNS Notification: Cache locations must contact CHEMPACK Project personnel as soon as possible when a container has been opened or compromised. As the containers have Sensaphone® attached, the SNS Program should receive an alarm when a container is opened;

however, if the phone line is disconnected, the SNS Program will not be automatically notified.





**STRATEGIC NATIONAL STOCKPILE (SNS) PROGRAM  
CHEMPACK MONTHLY QUALITY ASSURANCE ASSESSMENT**

<b>Site Name:</b>		<b>Date:</b>	
<b>Evaluator Name:</b>		<b>Time:</b>	
<p>The CDC/SNS Program will use this survey to evaluate CHEMPACK storage sites for ongoing maintenance of medical materiel.</p> <p>The BT Project area's designated site representative will conduct monthly assessments at each CHEMPACK storage area.</p> <p>The all sections within this document covers those areas the SNS Program deems essential for maintaining a high level of quality standards stated within the reference documents.</p> <p><b>Note: Any 'No' responses recorded below must be explained (for the last question; explain for a yes response). Attach additional sheets as required.</b></p>			
<b>QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT</b>			
<b>REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1 Temperature maintained continuously between 59° to 86 ° F with monitoring or verification being conducted on a routine basis?			
2 Are sanitary conditions being maintained to prevent the product from being adulterated or compromised? (i.e. Entry points protected from vermin and humidity controlled to prevent visible mold growth)			
3 Power/electrical outlet(s) maintained operational with adequate capabilities.			
4 Analog phone line(s) maintained, and operational?			
5 Storage area being maintained clear and accessible to allow for ease of inventorying, stock replenishment, and rapid mobilization?			
6 Is security access limited to designated staff?			
7 Are other products being stored in cache room or other processes taking place at the facility that could contaminate the medical material?			
8 Does the facility have adequate lighting, ventilation and protection from water damage?			
9 Are eating, drinking and smoking prohibited in the immediate product storage area?			
10 Are security systems in place, operational, and tested on a routine basis?			
11 Are fire suppression systems and alarms maintained and operational?			
12 The CHEMPACK containers remain sealed (the SNS Program seal intact) with no indication of tampering?			
13 Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the CHEMPACK containers?			
14 Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the CHEMPACK containers?			